

REQUEST TO DETERMINE ELIGIBILITY FOR INTERMENT

(Please print or type)

Name of veteran: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

Home phone: _____ Work phone: _____

Email address: _____

Social security number: _____

Service number (if known): _____

Branch of service: _____

Date entered service: _____

Date separated from service: _____

Type of discharge: _____

Date of birth: _____

Name of spouse: _____
LAST FIRST MIDDLE

Will the spouse be interred with the veteran? ☐ Yes ☐ No

Is the spouse a veteran? ☐ Yes ☐ No

Military honors at the time of interment is a benefit and an honor earned by the veteran for honorable service in the United States military. Do you wish to have military honors at this funeral? ☐ Yes ☐ No ☐ N/A

**Please note: At the time of burial the family will have a choice of
“emblems of belief” and “optional inscription” to be placed on the markers.**

PLEASE MAIL OR FAX THIS REQUEST AND A COPY OF MOST RECENT
DISCHARGE / SEPARATION FORM DD 214 (DO NOT SEND ORIGINAL)
TO THE CEMETERY OF CHOICE FOR INTERMENT:

Northwest La Veterans Cemetery

7970 Mike Clark Road
Keithville, LA 71047
Ph: 318-925-0612
Fax: 318-925-5521

Central La Veterans Cemetery

3348 University Pkwy.
Leesville, LA 71446
Ph: 337-238-6405
Fax: 337-238-6448

Southeast La Veterans Cemetery

34888 Grantham College Dr.
Slidell, LA 70460
Ph: 985-646-6458
Fax: 985-646-6481